

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">091940,698</div>	FILING DATE				
APPLICANT(S)												
<div style="font-size: 1.2em; font-family: cursive;">24</div> CLAIMS												
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	*		*		NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1				1		51					
2						1	52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15	1				1		65					
16							66					
17							67					
18							68					
19							69					
20							70					
21	1				1		71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32	1				1		82					
33							83					
34							84					
35							85					
36							86					
37							87					
38						2	88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4				4		TOTAL IND.					
TOTAL DEP.	33				20		TOTAL DEP.					
TOTAL CLAIMS	37				24		TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-79)

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